

Work Order ID 97713

February-21-13 12:41:23 PM

97713

Page 1

Item ID: D3030-1

Accept

N900040100

Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Lock

Start Date: 2/21/13 Start Qty: 12.00

~~*12*~~

Cust Item ID:

Required Date: 3/08/13 Req'd Qty: 12.00

~~*12*~~

Customer:

Reference:

Approvals: Process Plan: MLJ Date: 13-02-21 Tooling: _____ Date: _____

Run Start ***NR1***

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

Draw Nbr	Revision Nbr
D3030	Rev A

100 0.00

100

PURCHASING

Purchasing

Memo

0.00

Purchasing

Issue P/O: 19161 a)Possible supplier: Northern Aero Industriesb)Order P/N B83603-1c)Material: 2024-T351 (QQ-A-225/6)d)0.010" max diff. Between 0.525" dim each sidee)All diameters concentric within 0.005 T.I.R.f)All dimensions are in inchesg)Tol

CL 13/02/22 (12)

110 0.00

110

Receive & Inspect for Damage & Mat'l Certs

Packaging

Memo

0.00

Packaging

Ensure Material Release Note is attached

10x SP
13-2-26

120 0.00

120

QC6- Inspect dimensions to drawing

QC

Memo

0.00

Quality Control

13.225

10

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

Work Order ID 97713

February-21-13 12:41:23 PM

97713

Page 2

Item ID: D3030-1

Accept

N900040100

Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Lock

Start Date: 2/21/13

Start Qty: 12.00

12

Cust Item ID:

Required Date: 3/08/13

Req'd Qty: 12.00

12

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start ***NR1***

QC:

Date:

SPC (Y/N):

Date:

Stop ***NR2***

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

130

Identify as per dwg & Stock Location

ST024

0.00

130

Packaging

Memo

0.00

Packaging

10x

SP
13-2-28

140

QC21- Final Inspection - Work Order Release

0.00

140

QC

Memo

0.00

Quality Control

13/2/28

MLJ 13-02-28

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY									
Landing Gear			General						
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain	<input type="checkbox"/> Ovalized	<input type="checkbox"/> Pressure/Forced					
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Temperature/Cure					
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Weld					
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Wrong Stock Pulled					
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Part Moved	<input type="checkbox"/> Other					
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Positioned Wrong						
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread	<input type="checkbox"/> Power Loss/Surge						
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset							
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration							
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence							
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions							

Picklist Print

February-21-13 12:41:23 PM

Page 1

Work Order ID: 97713

Parent Item: D3030-1

Parent Item Name: Lock

Start Date: 2/21/13

Required Date: 3/08/13

Start Qty: 12.00

Required Qty: 12.00

Comments: IPP: B 01.06.08 Removed chemical conversion EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
B83603-1 Lock		Purchased	No			110	Each	0.0000	1	12/10 10x80-13-2-26			

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

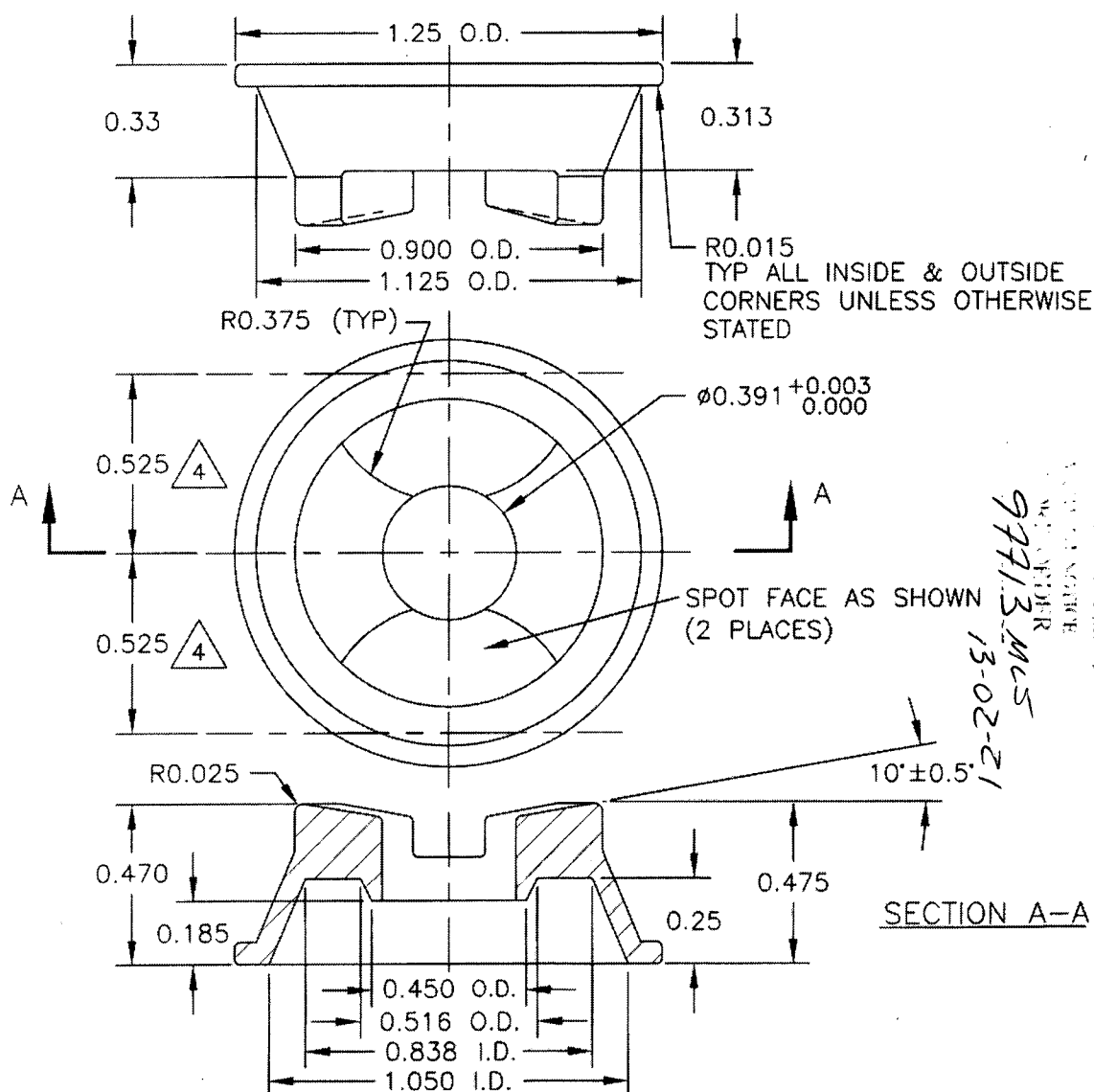
FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
--	---	---	--	---



DESIGN <i>CP</i>	DRAWN BY <i>CP</i>	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
CHECKED <i>#</i>	APPROVED <i>#</i>	DRAWING NO. D3030	REV. A SHEET 1 OF 1
DATE 01.05.18		TITLE LOCK	SCALE 2:1
A	01.05.18	NEW ISSUE	

SPECIFICATION CONTROL DRAWING



D3030-1:

- 1) POSSIBLE SUPPLIER: NORTHERN AERO INDUSTRIES P/N B83603-1
- 2) MATERIAL: 2024-T351 (QQ-A-225/6)
- 3) ALL DIAMETERS CONCENTRIC WITHIN 0.005 T.I.R.
- 4) 0.010 MAX DIFF. BETWEEN 0.525 DIM EACH SIDE.
- 5) FINISH: ACID ETCH AND ALODINE PER DART QSI 005 4.1
- 6) ALL DIMENSIONS ARE IN INCHES
- 7) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED

RELEASED
01.05.30

Copyright © 2001 by DART AEROSPACE LTD

THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.



Engineering, Certification & Manufacturing

Packing Slip

ACS-NAI Ltd.

25 Dunlop Avenue
R2X 2V2 Winnipeg
Canada
Tel : 204-772-9922
Fax : 204-772-7568

SO: 28353

Delivery No. : 3515
Delivery Date : 02/25/2013
SO No. : 28353
Your Reference : PO 19161
Delivery Method : FEDEX
Payment Condition : Net 30 Days

Delivery to: Dart Aerospace Ltd.

Attention: Chantal Lavoie
1270 Aberdeen Street

Hawkesbury K6A 1K7
Canada

Item	Description Batch Number	Total Ordered	Unit	Qty Delivered	Delivery Date
B83603-1	LOCK 13-1620	10	EA	10	02/27/2013
Ship via FedEx P1 to Account # 151793240 Email: clavoie@dartaero.com Ph: 613-632-9577					
8p13-2-26					
Packages: 0	Gross Weight: 0.00		Net Weight:		

Ordered by: Dart Aerospace Ltd.

Attention: Chantal Lavoie
1270 Aberdeen Street

Hawkesbury K6A 1K7
Canada

Invoice to: Dart Aerospace Ltd.

Attention: Accounts
1270 Aberdeen Street

Hawkesbury K6A 1K7
Canada

0.00

Remarks

Certification Statement

I hereby certify that the aircraft part(s) described hereon were acquired from a source of supply that is consistent with the conditions under which TCCA distributor approval AMO88-97 has been granted.

Signatory

Date:

CERTIFICATE OF CONFORMITY

Form Tracking No.: 28353-1

Work Order/Contract/Invoice:
PO: 19161

Cage Code: MFR L0555

Item	Description	Part No.	Quantity	Serial/Batch	Status
1	Lock	B83603-1	10	13-1620	NEW

Remarks:

THESE ITEMS CONFORM TO DESIGN DATA B83603 (Rev. NC).

New-Unused Parts/Material Certification

The items described above have been manufactured using standards employed by a TCCA approved manufacturer in accordance with CAR 561 and a AS9100 Quality Assurance System.

Signature

Name R.D. WILLIAMSON

Date (dd mmm yyyy)
25-Feb-13

Used, Repaired or Overhauled Parts Certification

The items described above have been maintained using standards employed by a TCCA approved maintenance organization in accordance with CAR 573 and a AS9100 Quality Assurance System.

Signature

Name

Date (dd mmm yyyy)

User/Installer Responsibilities: This certificate does not constitute authority to install the item(s) described above on an in-service type certified aircraft.



Engineering, Certification & Manufacturing

Packing Slip

ACS-NAI Ltd.
25 Dunlop Avenue
R2X 2V2 Winnipeg
Canada
Tel : 204-772-9922
Fax : 204-772-7568

Delivery No. : 3515
Delivery Date : 02/25/2013
SO No. : 28353
Your Reference : PO: 19161
Delivery Method : FEDEX
Payment Condition : Net 30 Days

Delivery to: Dart Aerospace Ltd.

Attention: Chantal Lavoie
1270 Aberdeen Street

Hawkesbury K6A 1K7
Canada

Item	Description Batch Number	Total Ordered	Unit	Qty Delivered	Delivery Date
B83603-1	LOCK 13-1620	10	EA	10	02/27/2013
Ship via FedEx P1 to Account # 151793240 Email: clavoie@dartaero.com Ph: 613-632-9577					
Packages: 0	Gross Weight: 0.00		Net Weight:		

Ordered by: Dart Aerospace Ltd.
Attention: Chantal Lavoie
1270 Aberdeen Street
Hawkesbury K6A 1K7
Canada

Invoice to: Dart Aerospace Ltd.
Attention: Accounts
1270 Aberdeen Street
Hawkesbury K6A 1K7
Canada
0.00

Remarks

Certification Statement

I hereby certify that the aircraft part(s) described hereon were acquired from a source of supply that is consistent with the conditions under which TCCA distributor approval AMO88-97 has been granted.

Signatory

Date:

DART
aerospaceDart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053**PURCHASE ORDER**

Purchase Order ID PO19161

Purchase Order Date 2/22/13

PO Print Date 2/22/13

Page Number 1 of 1

Order From :

VU-NOR003

NORTHERN AERO INDUSTRIES LTD.
25 DUNLOP AVENUE
WINNIPEG, MB R2X 2V2
CA**Contact Name****Buyer**

Chantal Lavoie

Vendor Phone

204-772-9922

Requisition Nbr**Vendor Fax**

204772-7568

Tax Resale Nbr

10127-2607

Vendor Account Nbr**Terms**

Net 30

Currency

USD

FOB

Destination-Collect

Ship To :DART AEROSPACE LTD 1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA**FAXED**
02/23/13

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	B83603-1	Lock	2/27/13 Yes	10.00 Each	FedEx PI collect	\$85.0000	\$850.00

Special Inst: AS PER DWG D3030 REV. A
B97713**PO Total:****\$850.00**CERTIFICATE OF CONFORMITY
REQ'D UPON DELIVERY

SP13-2-26

Change Nbr:

1

Change Date: 2/22/13No substitution or deviation without
consent.Certificate of Conformity or Material
Certification required **YES** NO